

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90008 027 \*\*\*150.00



**DOCUMENT # P06000017876**

1. Entity Name  
 PHYNET BILLING NETWORK, INC.

Principal Place of Business  
 1800 SW 1ST STREET  
 312  
 MIAMI, FL 33135

Mailing Address  
 7910 SW 73 CT  
 MIAMI, FL 33143

2. Principal Place of Business - No P.O. Box #  
 330 SW 27th Ave  
 Suite, Apt. #, etc.  
 504  
 City & State  
 Miami FL

3. Mailing Address  
 330 SW 27th Ave  
 Suite, Apt. #, etc.  
 504  
 City & State  
 Miami FL

Zip  
 33135 Country

402

07052007 Chg-P CR2E034 (12/06)

4. FEI Number  
 205 432532 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CARBO, DIANELYS  
 1800 SW 1ST STREET  
 312  
 MIAMI, FL FL

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARBO, DIANELYS 1800 SW 1ST STREET STE 312 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carbo, Dianelys <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 330 SW 27th Ave #504 Miami, FL 33135
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 07/04/2007 Daytime Phone #: (305)644-1006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR